PATENT APPLICATION SERIAL NO. 10/586055

U.S. DEPARTMENT: OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

07/24/2006 PKRYPAGH 00000105 10586055

	FC:160 1	
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-300:00 GP - 400:00 GP - 200:00 GP

04/10/2007 JANDERSO 00000003 10586055 01 FC:1631 300.00 OP

Adjustment date: 04/10/2007 JANDERSO 07/24/2506 MKAYPAGH 00000105 10586055 01 FC:1601

PTO-1550 (5/87)

LS: Government Printing Officer 2007 -- 200-207/20079

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/586055

										107986055			
		CLAIMS	AS FILED -			SMALL EN TYPE			ΓΙΤΥ Π	OR	OTHER SMALL		
U.S	. NATIONAL	STAGE FEES	(00.0	., .,	· ·	Oolumii 2)	1	RATE	FEE	7	RATE	FEE	
BAS	IC FEE		SMALL ENT.	. = \$ 150	LARC	SE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	300	
EXA	MINATION FE	E	Satisfies PCT A (4) = \$50		All other situations = \$ 100 / \$ 200			EXAM. FEE		,	EXAM. FEE	200	
SEA	RCH FEE		U.S. is ISA = \$ ALL other cou \$ 200 / \$	untries ≂ ~	. ALL other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400	
FEE	FOR EXTRA S	SPEC. PGS.	mine	us 100 =		/ 50 =		X \$ 125 =			X \$ 250 =		
тот	AL CHARGEA	BLE CLAIMS	3 minus 20 = * -					X \$ 25 =		OR	X \$ 50 =		
IND	EPENDENT CL	AIMS	/ minus 3 = * —					X \$ 100 =		OR	X \$ 200 =		
		DENT CLAIM PRI						+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALLE	NTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF		
		(Column 1)		(Colum	ın 2)	(Column 3)						,	
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDM	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent		Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =		
					•			TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF		
***	If the "Highest Nu If the "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid nber Previously Paid	d For" IN THIS SP. d For" IN THIS SP.	ACE is less ACE is less	than '20'	', enter "20". enter "3"	In the	appropriate box	in column 1.				